

MARCH 2004

Insight

For
benefits
administrators

Experience rating to take effect July 1, 2004

In August of 2003, the State Budget and Control Board approved the policy change to experience rate health insurance premiums for optional employer groups participating in the Employee Insurance Program (EIP). This change was featured at the Benefits at Work conference in August and will become effective beginning on July 1, 2004.

Currently, out of more than 500 groups participating in the state insurance program (Program), about 65 percent are considered *optional* employer groups—counties, municipalities, special purpose districts, local service organizations and others authorized by the General Assembly and electing to participate. Their subscribers represent about 14 percent of total Plan subscribers; subscribers of *non-optional* employer groups—state agencies, public school districts, institutions of higher education, etc.—make up the remaining 86 percent. The new experience rating system applies only to optional employer groups, and does not apply to state agencies, public school districts, and institutions of higher education.

The experience rating or “load factor” for each optional group was calculated using one of three methods. Based on the number of lives covered as of January 2004, optional employer groups were categorized as either small (fewer than 100 lives), medium (100-500 lives) or large (more than 500 lives). These categories determined which method would be used to calculate the load factors. In each method, the per member per month (PMPM) claims experience of optional employer groups was compared to that of all non-optional employer groups (state agencies and public school districts). Each method is explained below.

Small Optional Employer Groups

Small optional employer group rates were calculated by comparing the PMPM claims experience of all non-optional employer groups to that of all small optional employer groups taken as a whole. Since the experience rate for small optional employer groups was calculated using the PMPM claims experience of the category as a whole, all of these groups will receive the same load factor of 2.5 percent.

Continued on page 3

Dental Plus Providers are just a few clicks away®

You don't have to use a Dental Plus participating provider to take advantage of Dental Plus benefits. You can use any dentist you choose!

But, by using a Dental Plus provider, you can guarantee you will not be balanced billed. Dental Plus providers have agreed to accept the lesser of their usual charges or the Dental Plus maximum allowances for covered dental services. You are still responsible for any deductible and coinsurance amounts.

Looking for a Dental Plus participating dentist? Visit the Employee Insurance Program Web site at www.eip.sc.gov and “Choose Your Category” (active subscriber, benefits administrator, etc.). Then, select “Online Directories.” There you'll find a link to the BlueCross BlueShield of South Carolina (BCBSSC) provider directory.

From the *Doctor & Hospital Finder* on the BCBSSC Web site, select “Dentists” as the Healthcare Professional Type. Be sure to choose “State Dental Plus” as the Health Plan. You must also select a specialty: Dentist or Oral Surgeon. You may search by city, county or zip code. As of February 2004, there were 129 dentists in the Dental Plus network. The list continues to grow as more dentists join.☺

South Carolina
Budget and Control Board
Employee Insurance Program



P.O. Box 11661
Columbia, South Carolina 29211
803-734-0678 • 888-260-9430
www.eip.sc.gov

FAQs about Medco Home Delivery Pharmacy Service^①



An increasing number of State Health Plan subscribers have been sending in their long-term prescription orders for home delivery. Subscribers who have their prescriptions delivered through Medco's Home Delivery Pharmacy Service have been very satisfied with its quality and cost-effectiveness. However, there have been some questions about using the home delivery service for the first time. In the coming issues of *Insight*, we will answer a few of the most common questions to help make your first experience with Medco's Home Delivery Pharmacy Service as smooth and simple as possible.

Q: "My doctor tried faxing in an order for me to get my long-term prescription drugs through the Home Delivery Pharmacy Service, but I never received the order. When we checked to find out if there was a problem, Medco had not received my doctor's fax order. How can we prevent this from happening in the future?"

A: There are several ways you and your doctor can make sure that Medco has received your order and is preparing it for delivery.

1. ONLY your doctor can order prescriptions via fax using his or her secure fax line to protect your privacy. If you attempt to send a fax order yourself, your request will not be processed.

2. Make sure your doctor completes a Prescription Fax Form and attaches your prescription in the proper place before faxing it to Medco. Prescriptions faxed without a Prescription Fax Form will not be processed.

3. Double check the subscriber information entered on the Prescription Fax Form before your doctor submits it. If any of your information is missing or inaccurate, Medco will have trouble processing your order. Mistakes or omissions in this section may also make it impossible for Medco to reach you or your doctor in order to request corrections. **IMPOR-**

TANT: Make sure that your State Health Plan ID number is listed on the fax order form without the ZCS prefix.

4. One way to make sure Medco has received your fax order is to **ask your doctor for a copy of the fax confirmation receipt** for your own records. This will ensure that the fax went through and also serve as documentation of receipt by Medco.

5. You can **track the status of all home delivery orders by logging into the Medco Web site** at www.medcohealth.com and selecting *Prescription order status* from the *Prescriptions and Benefits* menu. You may also track orders by phone through Medco's toll-free customer service number: 800-711-3450.

6. **Follow up on your order in a timely manner if you suspect there may be a problem.** If you or your doctor wait too long to confirm that an order has been received properly and it has not, there may be a delay in service. It may take 7 to 11 days for your medication to be delivered.

Q: "I would like to mail in my prescriptions to the Home Delivery Pharmacy. How do I get started?"

A: **You can submit new prescription orders through the mail using the Medco Health Home Delivery Pharmacy Service Order Form.** This form is available on the Employee Insurance Program Web site at www.eip.sc.gov. Choose your category, then select *Forms*. Or you can contact Medco customer service and request home delivery order forms be mailed to you. Using the form is easy! Just print it, fill in *all* the requested information, enclose your new prescription(s) along with payment, stamp your envelope and mail it all to the address at the bottom of the form. Your order should be delivered within 7-11 days. ☺



Changes to Medco Health's Preferred Drug List Available Online^①

Every quarter, a review committee with Medco Health meets to discuss the preferred drug lists used by both the State Health Plan and MUSC Options, among others. The committee, a group of independent doctors and pharmacists, evaluates medications based on their safety and effectiveness and to ensure clinical integrity among all the medication/therapeutic categories of these preferred drug lists.

Based on the committee's review, certain medications may be added or removed from the preferred drug lists. Generally, new drugs are added every quarter, and existing drugs are removed twice a year. However, a medication may be removed at any time if there are safety concerns or if a generic becomes available to replace the brand name drug.

Following the committee's January 2004 review, Medco has announced those drugs to be added or deleted from the preferred drug lists. Those updates are available on the Employee Insurance Program (EIP) Web site at www.eip.sc.gov. Go to "News and Updates." New lists will be posted each quarter, following the review.

There may be times when your physician feels that a non-preferred medication would be most appropriate for your condition. In this case, your plan will cover the non-preferred drug at the higher copayment. Keep in mind that the pay-the-difference policy would also apply if there was a generic alternative available.

Continued on page 3

Joint Resolution gives optional groups a choice

On March 5, 2004, Governor Sanford signed into law a joint resolution (H4687) that outlines conditions by which optional employer groups (*local subdivisions*—counties, municipalities, etc.), adversely affected by the implementation of experience rating which goes into effect July 1, 2004, may discontinue their participation in the State Insurance Program (Program). The joint resolution allows an optional employer group that began participation in the Program before April 1, 2004, to discontinue participation in the Program, regardless of the four-year minimum participation requirement, but only if that optional employer group is adversely affected by the implementation of experience rating. The resolution provides further conditions for discontinuing such participation.

An optional employer group is defined as any employer group other than a state agency or public school district that has specific approval by the South Carolina General Assembly under the provisions of South Carolina Code of Laws, Section 1-11-720, to apply for participation in the Program under guidelines established by the Budget and Control Board and administered by the Employee Insurance Program (EIP).

An optional employer group wishing to withdraw from the Program before completing the minimum participation requirement must fulfill all of the following requirements:

- Have begun participation in the Program with an effective date before April 1, 2004. Employers that have completed at least four years of participation may withdraw with 90 days' written notice to EIP;
- Be adversely affected by the implementation of experience rating (i.e., be subject to a health insurance premium increase effective July 1, 2004);
- Give written notice to EIP of inten-



tion to discontinue participation in the Program no later than June 1, 2004.

Notices should be addressed to:

Rob Tester, Director
Employee Insurance Program
Attn: Deborah Tapp
Post Office Box 11661
Columbia, SC 29211;

- Sit out for four years before applying to re-enter the Program (for example, if an optional group discontinues participation effective July 1, 2004, that group cannot apply to re-enter the Program until July 1, 2008).

Optional employer groups discontinuing participation in the Program are subject to existing guidelines which provide that *EIP assumes no responsibility for claims incurred following an employer's termination of participation. After termination, the employer remains liable for all claims and is also responsible for continuing to provide benefit payments*, including long term disability, to its enrolled employees and retirees, survivors and COBRA subscribers who became eligible to receive such benefits, coverage and payment prior to the employer discontinuing participation. ☞

Changes to the Preferred Drug List

Continued from page 2

If you have any questions about the State Health Plan or MUSC Options preferred drug lists, or about your Prescription Drug Program in general, call Medco Health at 800-711-3450. ☞

Experience rating

Continued from page 1

Medium Optional Employer Groups

Medium optional employer group rates were calculated based on 50 percent of the PMPM claims experience of each individual medium optional employer group and 50 percent of the PMPM claims experience of all medium optional employer groups. This combined figure was compared to the PMPM claims experience of all non-optional employer groups.

Large Optional Employer Groups

Large optional employer group rates were calculated by comparing the PMPM claims experience of all non-optional employer groups to that of each individual large optional employer group.

Experience rating will affect optional employer groups in different ways. Some will not have any change in their premium rates, others will have only minimal increases, but still others will experience more dramatic premium increases. Under the provisions of a recent General Assembly resolution (see related article on this page) optional employer groups whose premiums are adversely affected by experience rating will have the chance to leave the Program before experience rating takes effect. If you have any questions about experience rating, e-mail Laura Smoak at lsmoak@eip.sc.gov.

The resolution will apply to all adversely affected optional employer groups, regardless of whether they have met the four-year participation requirement, which requires groups to stay with EIP for four years before they can choose to leave the Program. However, groups that leave due to experience rating premium increases will still be subject to the four-year waiting period before they can return to the Program. ☞



2005 Budget update

At this time, the Employee Insurance Program (EIP) advises groups to budget for a 14 percent increase in health contributions to become effective January 2005. This percentage equates to \$56.10 per subscriber, per month, in total contributions and is projected as the amount necessary to pay claims under the current plan of benefits through next year.

The General Assembly is currently considering the State budget. The House of Representatives recently adopted the Ways and Means Committee's recommendation, which provides for funding equivalent to \$32.10 per subscriber, per month, leaving a \$24 per subscriber, per month, difference to be provided through Plan cost savings and/or enrollee contribution increases, if this ultimately becomes the final funding level.

EIP will provide more information as it becomes available.☞

TRICARE for Life[®]

Are you enrolled in the TRICARE Supplement Plan and soon to be eligible for TRICARE for Life? When you become eligible for TRICARE for Life, your covered spouse or dependent may continue coverage with the TRICARE Supplement Plan directly through ASI, administrator for the TRICARE Supplement Plan, by paying the full cost of the premiums each month. The full monthly premiums are \$60.50 for a spouse or a child and \$119.50 for children or a spouse and children. ASI will bill you directly. Contact ASI at 800-638-2610, ext. 255, for details.

Military retirees and their eligible spouses or dependents become entitled to TRICARE for Life when they become eligible for Medicare Part B, generally at age 65. TRICARE for Life acts as a supplemental insurance to Medicare, just as the TRICARE Supplement Plan acts as a supplemental insurance to TRICARE Standard or TRICARE Extra.

Additional information on TRICARE is available online at the U.S. Department of Defense's Military Health System Web site at www.tricare.org.☞

Spring into better health this April



What is the common thread among the 10 leading causes of death in South Carolina? They are all preventable through lifestyle changes and early detection. To create awareness and encourage South Carolinians to take a more active role in improving their health, Governor Mark Sanford has proclaimed the month of April as **Health Promotion, Disease Prevention and Early Detection Month**. You can find the official Governor's Proclamation on the Prevention Partners section of the Employee Insurance Program (EIP) Web site at www.eip.sc.gov. Click on *Stay Healthy and Save*. Prevention Partners coordinators and benefits administrators (BAs) are encouraged to print it and share it with their fellow employees.

Prevention Partners will also be posting information about special wellness programs for the month of April on the EIP Web site in the coming weeks. BAs and Prevention Partners Coordinators should keep a close eye on their inboxes for more information on special programs designed to promote healthy lifestyles to employees throughout the month.☞

SOUTH CAROLINA BUDGET & CONTROL BOARD EMPLOYEE INSURANCE PROGRAM MoneyPlu\$ FLEXIBLE SPENDING ACCOUNT

PLAN YEAR: _____

Change In Status (CIS) Form

Social Security Number	Name (Please Print) Last	First	MI
Home/Mailing Address	Street	City	State Zip

TYPE OF CHANGE REQUESTED

Change Existing Account	Start Account	Terminate Account
<input type="checkbox"/> Medical Spending Account <input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Medical Spending Account <input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Medical Spending Account <input type="checkbox"/> Dependent Care Account

QUALIFIED CHANGE EVENTS (CHECK AND DATE ALL THAT APPLY)

<i>CIS Effective date of Event</i>	<i>CIS Effective first of the month following Event</i>
Event Date Event <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Placement of Custody <input type="checkbox"/> Spouse Ends Employment <input type="checkbox"/> Spouse Begins Unpaid Leave	Event Date Event <input type="checkbox"/> Dependent not Eligible (marriage, age, loss of dependent status) <input type="checkbox"/> Spouse Begins Employment <input type="checkbox"/> Spouse Ends Unpaid Leave <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Change in Day Care Provider <input type="checkbox"/> Employee Begins Unpaid Leave
<i>CIS Effective day after date of Event</i>	
Event Date Event <input type="checkbox"/> Spoused Passed Away <input type="checkbox"/> Dependent Passed Away	<input type="checkbox"/> Employee Ends Unpaid Leave <input type="checkbox"/> Change from full- to part-time (self, spouse, dependent) <input type="checkbox"/> Change from part- to full-time (self, Spouse, dependent)

PAYROLL CALCULATION SUMMARY

To be completed by Benefits Administrator	MEDICAL SPENDING ACCOUNT	DEPENDENT CARE ACCOUNT
A. Current Total Annual Contribution		
B. New Total Annual Contribution		
C. Amount Contributed Thus Far		
D. Amount Needed to Meet New Annual Goal [B minus C]		
E. Number of Paychecks Remaining		
F. New Per-Pay-Deduction Amount [D divided by E]		
Benefit Effective Date (refer to qualified change event above)		
Payroll Effective Date		

I certify that on the date(s) indicated, I incurred the Change in Status(s) checked above and therefore wish to change my plan elections as indicated. I understand that the change requested must be consistent with the Change in Status event and can only apply to the remaining portion of my period of coverage. I understand that the amount of salary deduction will include the items specified above and will continue in effect, unless I terminate employment or file an approved Change in Status with the Benefits Administrator within 31 days of the event. I understand and agree that my employer and Fringe Benefits Management Company, the contract administrator, will not incur any liability resulting from either my participation in any FSA or my failure to sign or accurately complete this enrollment form.

Employee Signature	Date
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FOR OFFICE USE ONLY

Signature below affirms that the item(s) checked comply with IRS and Flexible Spending Account plan guidelines. This employee meets all eligibility requirements, and is eligible to participate in the Money Plu\$ Program. Return processed CIS form via ☐ FAX ☐ MAIL (check one).

Payroll Center/Agency	Mailing Address	City, State, Zip	Fax Number
Benefits Administrator Approval Signature		Date	Phone Number

*Please return within 24 hours of completion. The payroll change should not be made until you receive fax confirmation that the change has been made in Fringe Benefits Management Company's system. Return completed form via fax to 1-850-514-5805 or mail to FBMC, P.O. Box 1878, Tallahassee, FL 32303. If you have any questions you may contact our Customer Service Department, at 1-800-342-8017, for assistance. Please allow up to 10 business days for processing.

Date FBMC Received Approved CIS Form from BA _____ Date FBMC Data Entered CIS Form _____ Date FBMC Sent Processed Form to BA _____

MoneyPlu\$ reminders: Change in Status Form

Since the new change-in-status guidelines for the MoneyPlu\$ Program went into effect last fall, processing family status changes has been more efficient for those benefits administrators (BAs) using the new Change In Status Form.

Get the Form

If you are not using the new form, please do so! It is available on the Employee Insurance Program's Web site at www.eip.sc.gov. The Change In Status Form should be used whenever a flexible spending account participant has a qualifying change-in-status event and would like to make a mid-plan-year election change to a Medical Spending Account (MSA) or Dependent Care Account (DCA).

Prepare the Form

To the left is an image of the form. You will note it has changed considerably. As the BA, you will need to complete part of the form on behalf of the employee.

Send it to FBMC

Please fax or mail the completed form to Fringe Benefits Management Company (FBMC), administrator for the MoneyPlu\$ Program, as soon as possible for quick processing. **Do not make any payroll adjustments until you receive the fax (or mail) confirmation from FBMC.** If you have any questions regarding MoneyPlu\$ changes in status or the Change in Status Form, call FBMC toll-free at 800-342-8017.☞

TYPE OF CHANGE REQUESTED.

Be sure to select the appropriate type of change (modify existing account, start a new account or terminate an account), and select whether the change applies to an MSA, DCA or both.

QUALIFIED CHANGE EVENTS.

Be sure to indicate which change event applies and write in the date of the event. You will note the effective date for the changes under MoneyPlu\$ are the same as those for the State Health Plan. There are three effective dates, based on the type of event:

1. Change effective the *date of the event*;
2. Change effective the *day after* the date of the event;
3. Change effective the *first of the month* after the date of the event.

PAYROLL CALCULATION SUMMARY.

Be sure to complete this section accurately, following instructions A-F. Indicate both the effective date of the change, as noted above, and the effective date for the payroll change. The payroll adjustment should coincide with the effective date of the change. *But, do not make any payroll adjustments until you have returned the completed Change In Status Form to FBMC and have received a fax (or mail) confirmation back from FBMC!*

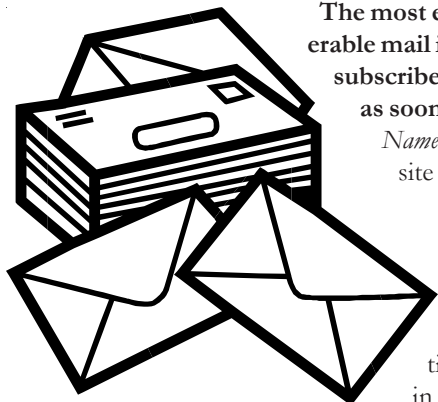
EMPLOYEE SIGNATURE.

Be sure your employee reads and understands the certification; direct the employee to call, if there are any questions you cannot answer. The toll-free number is on the form.

FOR OFFICE USE ONLY.

This is the section where you, as the benefits administrator, certify that the change in status is a qualifying event and that the employee is eligible to make the mid-plan-year election change (that you have verified any required documentation of the event, etc.). *You do not need to submit supporting documentation if you have completed and signed this form as the benefits administrator.*

Help Cut Down on the Expense of Returned Mail



The most efficient way to reduce the amount of undeliverable mail is to continue to send address changes for subscribers to the Employee Insurance Program (EIP) as soon as you become aware of them. A *Universal Name/Address Change Form* is available on the EIP Web site at www.eip.sc.gov.

The administrators for the various programs offered by the EIP such as Aetna, BlueCross BlueShield of South Carolina, Medco Health, etc., mail materials directly to subscribers from time to time. Incorrect addresses can be costly—in terms of returned mail expenses and in terms of subscribers not getting important information.

New returned mail procedures have been developed and are outlined below. The new procedures should help cut down on returned mail. Your cooperation and assistance is appreciated!

When mail is returned with forwarding address labels:

1. The claims administrator will forward the returned mail to the forwarding addresses.
2. The claims administrator will then notify EIP of the new addresses.
3. EIP will update the address records on file.
4. EIP will notify BAs of any address changes for their entity's active employees. EIP will notify the BAs for local subdivisions of any address changes for their active, retired, COBRA and survivor subscribers.

When mail is returned without forwarding address labels:

1. The claims administrator will forward returned mail for active employees *to the appropriate BAs*. BAs for local subdivisions will also receive returned mail for retirees, COBRA participants and survivors.
2. BAs should deliver the returned mail to those employees and get current addresses so that they can update their files.
3. *The BAs should then send EIP a notice of the address changes* so that EIP can update its records.
4. Addresses for retirees, COBRA participants, and survivors, addresses cannot be updated until those subscribers contact EIP to do so. However, local subdivision BAs should be sure their retirees, COBRA participants and survivors keep addresses updated through EIP.✍

APS HelpLink™ — where help is always at your fingertips®



APS HelpLink™ is a Web-based, interactive tool designed to assist you with issues that can impact your health and quality of life. HelpLink can help you find:

- Answers and resources to many of life's problems;
- A clinician or provider to help you or a loved one;
- Resources and services for child care and elder care;
- Legal and financial resources and forms.

It's in-depth

With more than 2,000 Web pages of information and a wide selection of tools, HelpLink can assist in coping with the challenges of daily life. For example, from the "Life Problems" menu, you can get help dealing with:

- Difficult emotions (depression, anxiety, grief and anger);
- Workplace issues (stress, supervising, etc.);
- Relationship problems (intimacy, divorce).

Self-test tools are available to identify and clarify problems and plan ways to change them. You can even exchange ideas with professionals and others using online chat, bulletin boards or Ask-A-Pro.™

And, don't overlook HelpLink's other resources and tools for assisting with caregiving responsibilities, legal questions or financial concerns.

It's discreet

HelpLink is designed to be used in a comfortable and confidential setting—your own home, using your computer. Explore HelpLink in complete privacy, 24 hours a day, 7 days a week, via the Internet. You establish your own user name and password; you never need to reveal your identity.

It's easy to use

- Go to the Employee Insurance Pro-

Continued on page 7

Get involved with the Prevention Partners Wellness Walk 2004

The 2004 Spring Wellness Walk, is just one month away—Friday, April 23! If your organization cannot host your walk on that date, you or your Prevention Partners coordinator may schedule the event for another date of your choice.

Instructional packets, advertising posters and certificates for your participating employees are available. You may order *Prevention Partners Wellness Walk* t-shirts for only \$8.00 each (t-shirt logo shown at right) and pedometers for \$15.75 each. Contact the State Health Plan's Prevention Partners at 803-737-3820 (toll-free at 888-260-9430) for supplies. ☺



**Prevention Partners
Wellness Walk**
Employee Insurance Program
S.C. Budget and Control Board
www.eip.sc.gov
Click on Stay Healthy and Save

2004 enrollment comparisons^①

With the many changes in programs that have occurred for the 2004 Plan Year, we thought you might find it interesting to see how enrollment changed. Some of these results may surprise you. Optional programs, such as MoneyPlu\$, Dental Plus, etc., all saw an increase in the number of eligible participants who enrolled for 2004. ☺

Health plans

Plan	2004	% of Total	2003	% of Total
State Health Plan	197,639	83.8%	209,747	88.7%
CIGNA HMO	1,590	0.7%	1,056	0.4%
Companion HMO/POS	22,662	11.3%	19,092	8.1%
MUSC Options	7,549	3.2%	6,638	2.8%
TRICARE Supplement	2,309	1.0%	N/A	N/A
Total	235,749	100.0%	236,533	100.0%

Dental plans

Plan	2004	2003
State Dental Plan	241,058	240,021
Dental Plus	35,670	24,419

Growth in Dental Plus enrollment rose 46% from 2003 to 2004.

MoneyPlu\$

	2004	2003
Medical Spending Accounts	19,202	16,584
Dependent Care Accounts	1,980	1,939

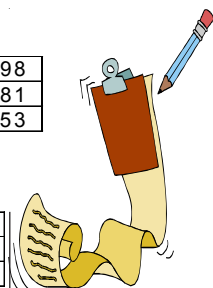
Growth in Medical Spending Account participation rose 15.8% from 2003 to 2004.

Optional Life

Enrollment as of October 2003	137,898
Number who elected guaranteed issue	20,181
New enrollees for 2004	2,753

Long Term Care

Enrollment as of October 2003	11,412
Number who increased coverage for 2004	1,819
New enrollees for 2004	2,128



2003 MoneyPlu\$ Claims Reminder^①

Claims for expenses incurred through December 31, 2003, must be filed with Fringe Benefits Management Company (FBMC) by March 31, 2004.

MoneyPlu\$



A perfect combination . . .
benefits you can bank on!

To download MoneyPlu\$ Flexible Spending Account Reimbursement Request Forms and instructions, visit the Employee Insurance Program's Web site at www.eip.sc.gov. Once you've chosen your category, click on *Forms* and scroll down to the MoneyPlu\$ section. Completed forms should be faxed to FBMC at 850-425-4608. ☺

APS HelpLink™

Continued from page 6

gram Web site at www.eip.sc.gov and select "Links." Select "Mental health/substance abuse (APS Healthcare)."

- From APS Healthcare's homepage, select "APS HelpLink." There you'll find a lot of introductory information regarding the program. When you're ready to access the program, click on "Connect to APS HelpLink."
 - You will need to create a new account the first time you log on. Read the Disclaimer and select, "I Agree."
 - Enter the company code, *statesc*, and establish your fictitious Username and Password.
- You are now in APS HelpLink™!

HelpLink is offered through APS Healthcare, Inc., administrator for the mental health and substance abuse benefits provided by the State Health Plan. Comments or questions regarding HelpLink should be directed to APS through HelpLink's online feedback survey or by calling 800-221-8699. ☺

South Carolina Budget and Control Board
Employee Insurance Program
1201 Main Street, Suite 300
PO Box 11661
Columbia, SC 29211

New IBT Registration Process



Beginning April 1, 2004, there will be a new registration process for Insurance Benefits Training (IBT) classes for benefits administrators (BAs). You as BAs will still be able to register over the phone by calling Tammy Brazzell at 803-734-0489 (or toll-free at 888-260-9430), or via fax at 803-737-0825 by using the *Register by Fax* form located on page eight of the IBT catalog. The catalog is available online at www.eip.sc.gov. To access it, just choose your category (Benefits Administrators) and then choose "Publications."

To ensure that registered BAs will have a seat, the Employee Insurance Program (EIP) has made some changes in the way registration is confirmed. Registered BAs will receive confirmation letters one week before the date of the class for which they are registered. However, you will now be required to present these confirmation letters when you arrive to attend training classes. This will guarantee seating for those BAs whose registration has been confirmed. If you are registered for a class and will be unable to attend, please notify EIP of the cancellation at least two days in advance so we can fill the vacancy with someone on the standby or waiting list.

EIP will notify BAs before the date of the training class if they have been placed on the standby list. If there is a cancellation, BAs on the standby list will be notified of the opening in the order their registration requests were received. Those BAs left on the standby list will be registered automatically for the next class.

If you have a question about your confirmation status for an IBT class, call Tammy Brazzell at one of the numbers listed above. ☺

Insight

is produced monthly by
the South Carolina
Budget and Control Board
Employee Insurance Program

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and Control Board:**

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